



**CATHOLIC HIGH SCHOOL FOOTBALL LEAGUE
of METROPOLITAN NEW YORK**

**JOE RIVERSO MEMORIAL AWARD
OFFENSIVE PLAYER OF THE YEAR
NOMINATION FORM**

PART 1

NAME _____

SCHOOL _____

GRADE _____

HEIGHT _____ WEIGHT _____ POSITION _____

PART 2

RECOMMENDATIONS – LETTER’S SHOULD BE SUBMITTED, ON SCHOOL LETTERHEAD, BY THE HEAD COACH.

HEAD COACH RECOMMENDATION:

THE HEAD COACH SHOULD COMMENT ON THE PLAYERS CANDIDACY, INCLUDING THE FOLLOWING:

- CHARACTER AND SCHOOL CITIZENSHIP OF THE NOMINEE
- NOMINEE’S LEADERSHIP
- NOMINEE’S IMPACT ON THE TEAM

THE ATHLETIC DIRECTOR SHOULD VERIFY HIS/HER APPROVAL OF THE PLAYER’S NOMINATION.

Due Date: Monday, November 17, 2014

Date: _____

Date: _____